

**SPECIAL MEASUREMENTS BLANK
FOR SPECIAL MEASUREMENT / ORTHOPEDIC BOOTS AND SHOES**

1. REQUISITION NO.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 125, 5 USC 301, 302, EO 9397.

PRINCIPAL Special measurement and othopedic footwear is provided to the Military Services for personnel who cannot be properly fitted through authorized standard sizes. The purpose of this form is to assure that personnel requiring these types of footwear are properly measured for correct fit.

ROUTINE None.

DISCLOSURE Voluntary; however, if information is not supplied, the service cannot be performed.

GENERAL INSTRUCTIONS

1.Special measurement footwear will be requisition only if the individual cannot be fitted properly with tariff issue footwear within the regular or supplemental tariff size range.

2.If the footwear of Military Clothing issue size can be modified or altered to proved a satisfactory fit by orthopedic or other adjustment which local Clothing and Equipage Repair Shops are authorized to make, special measurement footwear will not be requisitioned.

3.A completed special measurement blank and a requisition for one (1) pair of special measurement shoes will be forwarded to the Defense Othorpedic Footwear Clinic, 495 Summer Street, Boston, MA 02210; commercial telephone (617) 451-3141, AV 955-3141, Telefax no. 955-3018; if the feet of an individual who requires special measurement footwear can be clearly and fully described by the completion of this blank without the use of a plaster cast. Additional special measurement shoes, up to authorized allowances, will be requisitioned after initial pair has been determined to be satisfactory, and a DOFC Form -10, "Fitting Report," has been completed and returned to DOFC within 30 days per Defense Logistics Agency Regulation 4235.18.

4.If a plaster cast is required to show the measurements and characteristics of an injured, deformed, or distorted foot, the individual will be reported to Medical Regulating Officer, Office of The Surgeon General, for disposition instructions. In such cases, this special measurement blank will be used.

5.All diagrams and instructions must be studied carefully and their directions strictly adhered to. All required measurements are to be taken accurately by Medical Officer accomplishing form to assure that the othopedic footwear will fit properly. This blank need not accompany a replenishment requisition for the supply of additional pairs of special measurement footwear unless the special measurement footwear which was supplied previously does not fit properly.

6.The name, grade, SSN and organization of the individual shown below shall also appear on the covering special measurement requisition and on subsequent replenishment requisitions. If one foot of an individual can be fitted properly with a shoe of Military Clothing Sales issue size, the size and width of that shoe will be shown on the covering special measurement requisition.

2.PERSON TO BE FITTED

a. NAME (<i>Last, First, Middle Initial</i>)		b. SOCIAL SECURITY NO.		c. RANK/GRADE	
d. ORGANIZATION	e. INSTALLATION		f. HEIGHT	g. WEIGHT	h. AGE

3.MEDICAL OFFICER. I certify that this individual cannot be properly fitted with boots or shoes within the regular or supplemental tariff size ranges and the supply of special measurement footwear as indicated herein is required.

a. SIGNATURE	b. ORGANIZATION	c. GRADE	d. DATE (YYMMDD)
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e. MEDICAL OFFICER'S DIAGNOSIS

f. IF THE DISABILITY DESCRIBED ABOVE IS NOT PERMANENT, INDICATE ITS PROBABLE DURATION (*years*)

METHOD OF OBTAINING TRACING

NOTE:

1. Pencil held perpendicularly.
2. Flat book to back up heel.
3. Toes must be flattened out to obtain full length.

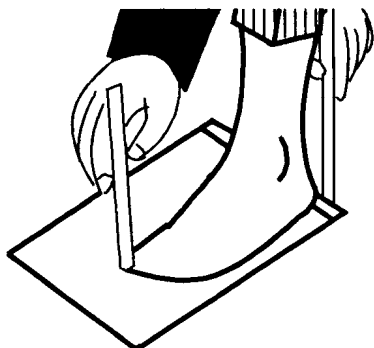


FIGURE 1

MEDIAL SIDE

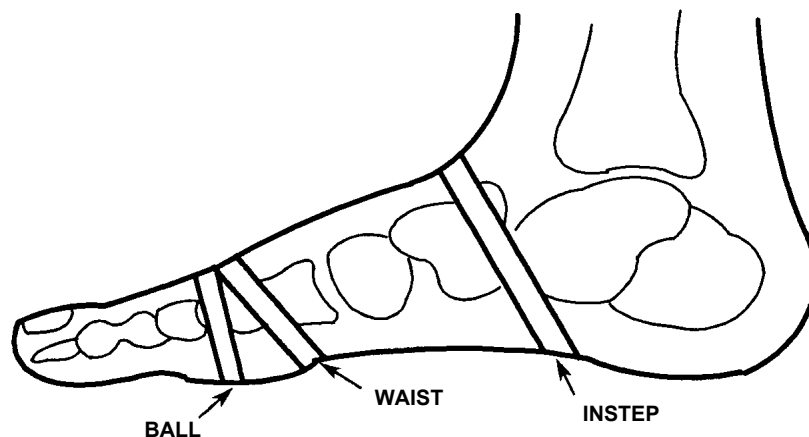
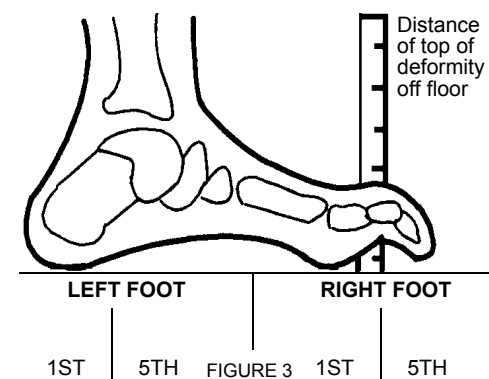


FIGURE 2

METHOD OF MEASURING DEFORMITY HEIGHT

(See instructions below)



4. MEASUREMENTS (Patient should be measured without shoes and standing just below eye level.)

a. LEFT FOOT	Inches	(Leave Blank)		Inches	(Leave Blank)	b. RIGHT FOOT	Inches	(Leave Blank)		Inches	(Leave Blank)
(1) Ball			(4) Circumference from floor			(1) Ball			(4) Circumference from floor		
(2) Waist			Ankle - 5"			(2) Waist			Ankle - 5"		
(3) Instep			Calf - 9"			(3) Instep			Calf - 9"		

5. ORTHOPEDIC CORRECTIONS DESIRED

a. LEFT FOOT	TYPE	b. RIGHT FOOT
	(1) Metatarsal bar	
	(2) Inside (medial) heel wedge (specify thickness)	
	(3) Outside (lateral) heel wedge (specify thickness)	
	(4) Cookie (an upward flange of insole under longitudinal arch)	
	(5) Heel lift (specify thickness)	
	(6) Cork build-up inside shoe (specify thickness at heel and ball)	
	(a) Heel	
	(b) Ball	
	(7) Long inside counter	

	(8) Long outside counter	
	(9) Orthopedic (<i>Thomas</i>) heel	
	(10) Sponge plastic insole	
	(11) Other corrections:	

FURTHER INSTRUCTIONS TO MEDICAL OFFICER

1. The instructions on this form must be carefully followed by the referring medical officer. BALL, WAIST, and INSTEP MEASUREMENTS are to be taken as follows:

a. Patient stands with weight evenly distributed on both feet, at eye level. Tracing is made on this form as indicated in figure 1 above.

b. Tape measurements of the foot are now obtained, always facing the calibrations on the tape toward the ankle and always wrapping the tape evenly and snugly but not tightly.

(1) BALL MEASUREMENT. The fabric tape is passed beneath the ball of the foot, passing over the medial surface of the metatarsophalangeal joint, great toe, and the lateral aspect of the metatarsophalangeal joint fifth toe.

(2) WAIST MEASUREMENT. This is taken behind or proximal to the ball, where the foot narrows down and the tape wraps easily into the medial concavity.

(3) INSTEP MEASUREMENT. Should be taken just proximal to the midtarsal joint, and the distal to the cuboid bone or straight through the talus.

c. Also, when there is a high great toe joint, or claw toes with interphalangeal joints protruding upward, it is helpful if the perpendicular distance off the floor is measured by sighting the top of the prominence onto a perpendicularly held rule. This measurement assures adequate room for toes or painful prominence. (See Figure 3 above.)

d. When there are painful areas on the sole of the foot, as calluses, plantar warts, painful scars, exostoses or bursae, these may be exactly decompressed on the shoe insole if the area on the skin of the sole is marked with ink, chalk, etc., so that when the tracing is made the exact location is indicated on the tracing.

e. If there are areas on the sides or back of the heel which would be decompressed; the location of these areas should be described in relation to the tips of the malleoli, as "decompress side of heel, area 1" in diameter, ½" beneath tip of medial malleolus.

f. Points on the dorsum of the foot may be decompressed by indicating on the diagram in figure 2 above.

2. When Boots, Service, Combat, or other high-top boots are requisitioned, the calf and ankle measurements of each leg will be shown as 5" and 9" off the floor.

**PLACE REAR END OF LEFT HEEL AGAINST A BOOK,
AS INDICATED, AND TRACE LEFT FOOT**



(Front edge of book held perpendicularly should coincide with this line)

LEFT HEEL

**PLACE REAR END OF RIGHT HEEL AGAINST A BOOK,
AS INDICATED, AND TRACE RIGHT FOOT**



RIGHT HEEL

6. TYPE AND COLOR OR SHOE REQUIRED (*X as applicable*)

<input type="checkbox"/>	a. BOOT, SERVICE, COMBAT, BLACK	<input type="checkbox"/>	g. SAFETY TOE
<input type="checkbox"/>	b. BOOT, COMBAT, WOMEN'S, BLACK	<input type="checkbox"/>	h. ELECTRICAL HAZARD
<input type="checkbox"/>	c. SHOE, SERVICE, BLACK	<input type="checkbox"/>	i. OTHER (<i>List nomenclature or describe type</i>)
<input type="checkbox"/>	d. SHOE, FIELD, WOMEN'S, BLACK		
<input type="checkbox"/>	e. SHOE, LOW QUARTER, BLACK		
<input type="checkbox"/>	f. SHOE, WOMEN'S LOW		
<input type="checkbox"/>	<input type="checkbox"/> (1) Black	<input type="checkbox"/>	<input type="checkbox"/> (2) White

7. SHOE PRESCRIPTION (*Leave blank for Footwear Analyst*)